

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11847

CERTIFICATE OF DEATH

11831

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 EASTON</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EASTON MEMORIAL Hosp</u>		d. STREET ADDRESS <u>525 South STREET</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>CARROLL</u> Middle <u>L E E</u> Last <u>Adams</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 22 1884</u>
9. AGE (In years last birthday) <u>75</u> yrs.		IF UNDER 1 YEAR: Months <u>75</u> Days <u>18</u> Hours <u>18</u> Min. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER - RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MARYLAND</u>	
11. BIRTHPLACE (State or foreign country) <u>USA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Edwards Adams</u>		14. MOTHER'S MAIDEN NAME <u>Nellie Moore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>HOSPITAL RECORDS</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>260x</u> DUE TO <u>Devels mutation</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>260x</u> DUE TO <u>260x</u> (c) <u>260x</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:25 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.		ADDRESS (Street, city or town, state) <u>2195 West 11th St, Easton, Md.</u>	
DATE SIGNED <u>10/21/59</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>10/21/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>SPRING HILL</u>		22d. LOCATION (City, town, or county) (State) <u>EASTON, MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hampton Conall</u> ADDRESS <u>EASTON</u>		24a. REC'D BY REGISTRAR <u>OCT 29 '59</u>	
		24b. REGISTRAR'S SIGNATURE <u>Chilling & Sons</u>	

11848

CERTIFICATE OF DEATH

11832

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>TALBOT</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg Md. - Rural 05x-2</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>R.F.U. #1 - Allen's Corner</u>			
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Williams</u> Last <u>Andrews</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>3</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2</u> 1917	
9. AGE (In years last birthday) <u>42</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND, Caroline Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Raymond H. Williams</u>				14. MOTHER'S MAIDEN NAME <u>Finnie Cannon</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Finnie C. Williams, Federalburg, Md., RFD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive encephalopathy</u>							
446X DUE TO <u>Hypertension</u>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Myocardial infarction</u>							
DUE TO (c) <u>Myocardial infarction</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>2195 Washington St 301859</u> DATE SIGNED <u>October 2, 1959</u>			
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				Canton, Md., Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>October 6, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Seaford Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Seaford, Delaware</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.J. Frempton and Son, Federalburg, Maryland</u>				24a. REC'D BY REGISTRAR <u>DATE OCT 5 2 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur J. Evans</u>	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11866 CERTIFICATE OF DEATH

Reg. Dist. No.

11834

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Shrewood</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Shrewood</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Ernest</u> Last <u>Bauman</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1880</u>
9. AGE (In years last birthday) yrs. <u>79</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min. <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Brooklyn, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Richard Knight</u>		14. MOTHER'S MAIDEN NAME <u>Ida Kohl</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Fredrick K. Bauman</u>		Address <u>Shrewood Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Disease</u> <u>443X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerosis - generalised.</u> DUE TO (c) <u>5 years -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years -</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>None</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>10-1</u> , 19 <u>54</u> , to <u>10-10</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>59</u> , and that death occurred at <u>5:00 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>210 E. Dover, Easton Md.</u> DATE SIGNED <u>10/11/59</u> ACTUAL SIGNATURE <u>William L. Winters</u> M.D. PHYSICIAN'S NAME (Type) <u>WILLIAM L. WINTERS M.D.</u> <u>210 E. DOVER, EASTON, MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct 12, 59</u>		22b. DATE THEREOF	
22c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills</u>		22d. LOCATION (City, town, or county) (State) <u>Washington D.C.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Robert East</u>		ADDRESS <u>Easton Md</u>	
24a. REC'D BY REGISTRAR DATE <u>OCT 13 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur J. Hines</u>	

MARY AND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

Reg. Dist. No.

11849

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centreville Md.</u>			
c. LENGTH OF STAY IN 1b <u>7 days</u>				d. STREET ADDRESS <u>Memorial</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Frances</u> Middle <u>M</u> Last <u>Butler</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>2</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 10, 1895</u>	
9. AGE (In years last birthday) <u>74</u> yrs.		IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> Hours <u>2</u> Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hom.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Md. Queen Anne's Co</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13. FATHER'S NAME <u>Walter Sparks</u>				14. MOTHER'S MAIDEN NAME <u>Minnie M C Lynett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>217-28-4905</u>			
17. INFORMANT <u>Henry S. Smith Sr.</u>				Address <u>Queen Anne's Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemo-hydrathorax</u> <u>170x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Metastatic carcinoma of breast</u> DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>19</u> Month <u>10</u> Day <u>2</u> Year <u>1959</u> p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.				ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton 16, Maryland</u>			
DATE SIGNED <u>Oct 5-59</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>				22b. DATE THEREOF <u>Oct 5-59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Chesterfield</u>	
22d. LOCATION (City, town, or county) <u>Centreville, Maryland</u>				(State) _____			
23. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Butler</u>				ADDRESS <u>Centreville, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 7 1959</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur A. Hines</u>							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 1 Film G251 11-13-59 et

11850

CERTIFICATE OF DEATH

Reg. Dist. No.

11836

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton		c. LENGTH OF STAY IN 1b 10 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 108 Earle Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Maude Middle A Last Cameron		4. DATE OF DEATH Month October Day 30 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1876
9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR Months 83 Days 83 Hours 83 Min. 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Thomas Ash		14. MOTHER'S MAIDEN NAME Mary Peightel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Philip J. Hopkins		Address Easton, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 465x Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Generalized atherosclerosis (b) Myocardial infarction (c) Generalized atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH —	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 29, 1959 to 30 Oct 1959 , that I last saw the deceased alive on 29 Oct 1959 , and that death occurred at — M, from the causes and on the date stated above.			
ACTUAL SIGNATURE Thorston Harrison		ADDRESS (Street, city or town, state) Easton, Maryland	
PHYSICIAN'S NAME (Type) THORSTON HARRISON		DATE SIGNED 30 Oct 59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 2, 1959	
22c. NAME OF CEMETERY OR CREMATORY Bellwood Cemetery		22d. LOCATION (City, town, or county) (State) Bellwood Pa.	
23. FUNERAL DIRECTOR'S SIGNATURE J. Harvey Williams		ADDRESS Federalburg, Md.	
24a. REC'D BY REGISTRAR DATE NOV 6 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11867

CERTIFICATE OF DEATH

11837

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McDaniel				c. LENGTH OF STAY in 1b 8 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First HARRY Middle WEED Last CODINGTON				4. DATE OF DEATH Month Oct. 31, Day 1959			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 2, 1879	
9. AGE (In years last birthday) 80 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Harry S. Codington		14. MOTHER'S MAIDEN NAME Emma Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-16-8354		17. INFORMANT Mrs. Harry Codington		Address McDaniel, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertensive Cardio-Vascular DUE TO (c) 5 years				INTERVAL BETWEEN ONSET AND DEATH 5 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Hypertrophy				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) St. Michaels, Md.				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from 24 Oct 1959 , to 31 Oct 1959 , that I last saw the deceased alive on 30 Oct 1959 , and that death occurred at 12:05 PM , from the causes and on the date stated above.							
ACTUAL SIGNATURE R. Lane Wroth M.D.				ADDRESS (Street, city or town, state) St. Michaels, Md.			
DATE SIGNED 11-1-59							
PHYSICIAN'S NAME (Type) Dr. R. Lane Wroth				St. Michaels, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 2, 1959		22c. NAME OF CEMETERY OR CREMATORY Oxford Cemetery		22d. LOCATION (City, town, or county) (State) Oxford, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son				ADDRESS Easton, Md.		24a. REC'D BY REGISTRAR DATE NOV 4 '59	
						24b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

CERTIFICATE OF DEATH

11803

1. NAME OF DECEASED JAMES H. HARRIS		2. SEX Male		3. AGE 68		4. DATE OF BIRTH 1871		5. PLACE OF BIRTH Baltimore, Md.	
6. OCCUPATION Retired		7. MARITAL STATUS Married		8. DATE OF MARRIAGE 1905		9. PLACE OF MARRIAGE Baltimore, Md.		10. NAME OF SPOUSE Mary E. Harris	
11. STREET ADDRESS 1234 N. Enoch Ave.		12. CITY Baltimore		13. STATE Md.		14. ZIP CODE 21201		15. COUNTY Baltimore	
16. DATE OF DEATH 1978		17. TIME OF DEATH 10:00 AM		18. PLACE OF DEATH Home		19. CAUSE OF DEATH Heart Disease		20. MANNER OF DEATH Natural	
21. SIGNATURE OF DECEASED (None)		22. SIGNATURE OF WITNESS (None)		23. SIGNATURE OF PHYSICIAN (None)		24. SIGNATURE OF CORONER (None)		25. SIGNATURE OF REGISTRAR (None)	
26. NAME OF REGISTRAR John Doe		27. ADDRESS OF REGISTRAR 123 Main St.		28. CITY OF REGISTRAR Baltimore		29. STATE OF REGISTRAR Md.		30. ZIP CODE OF REGISTRAR 21201	

11803

11803

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

11838

11851

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL		d. STREET ADDRESS 131 FLOYD LANE	
3. NAME OF DECEASED (Type or print) WILLIAM First HENRY Middle DICKERSON Last		4. DATE OF DEATH October Month 5 Day 1959 Year	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 15, 1888
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALEX DICKERSON		14. MOTHER'S MAIDEN NAME MATILDA THOMAS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. GRACE DICKERSON-wife-EASTON, MD.	
17. INFORMANT GRACE DICKERSON-wife-EASTON, MD. Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 420.0 DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 3 mos YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from JULY , 19 59 , to Oct. 5 , 19 59 , that I last saw the deceased alive on Oct. 5 , 19 59 , and that death occurred at 2:00 A.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Donald F. Bartley M.D.		ADDRESS (Street, city or town, state) 9 N. HANSON ST. EASTON, MD.	
DATE SIGNED 10-5-59			
PHYSICIAN'S NAME (Type) DONALD F. BARTLEY, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10-9-59	
22c. NAME OF CEMETERY OR CREMATORY "Family Cemetery"		22d. LOCATION (City, town, or county) (State) Trappe, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE James D. Phillips, Easton, Md. ADDRESS		24a. REC'D BY REGISTRAR DATE OCT 13 '59	
24b. REGISTRAR'S SIGNATURE C. E. Kneass			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11839

11852

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. LENGTH OF STAY IN lb 6½ hours	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) EASTON Memorial Hosp.		e. STREET ADDRESS Near Lynson	
3. NAME OF DECEASED (Type or print) LEON		4. DATE OF DEATH Oct 25 1959	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About 1919
9. AGE (In years last birthday) 40 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		12. KIND OF BUSINESS OR INDUSTRY Farm and Factory	
13. BIRTHPLACE (State or foreign country) Unknown		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. FATHER'S NAME Unknown		16. MOTHER'S MAIDEN NAME Unknown	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown		18. SOCIAL SECURITY NO. Unknown	
19. INFORMANT Maryland State Police, Easton, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage DUE TO 981X Conditions, if any, which gave rise to immediate cause (b) gun shot wound R thigh (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot gun wound	
20c. TIME OF INJURY Month, Day, Year 10/25 1959		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm		20f. (City or town) Lynson (County) Dor. (State) Md.	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE John Mace Jr.		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) JOHN MACE JR.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 10/25/59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 28, 1959	
22c. NAME OF CEMETERY OR CREMATORY Rhodesdale Cemetery		22d. LOCATION (City, town, or county) (State) Near Rhodesdale, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS	
24a. REC'D BY REGISTRAR NOV 3 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 10

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11832

NAME OF DECEASED
JAMES J. JONES

AGE
35

SEX
Male

RACE
White

DATE OF DEATH
10/12/1917

PLACE OF DEATH
Home

CAUSE OF DEATH
Pneumonia

DATE OF EXAMINATION
10/12/1917

SIGNATURE OF EXAMINER
John J. Jones

DATE OF SIGNATURE
10/12/1917

PLACE OF SIGNATURE
Baltimore, Md.

DATE OF DEATH
10/12/1917

PLACE OF DEATH
Home

CAUSE OF DEATH
Pneumonia

DATE OF EXAMINATION
10/12/1917

SIGNATURE OF EXAMINER
John J. Jones

DATE OF SIGNATURE
10/12/1917

PLACE OF SIGNATURE
Baltimore, Md.

DATE OF DEATH
10/12/1917

PLACE OF DEATH
Home

CAUSE OF DEATH
Pneumonia

DATE OF EXAMINATION
10/12/1917

SIGNATURE OF EXAMINER
John J. Jones

DATE OF SIGNATURE
10/12/1917

PLACE OF SIGNATURE
Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. **14160**

11853

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton			c. LENGTH OF STAY IN 1b 13 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memorial Hospital				d. STREET ADDRESS 1		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle Dewey Last Faulkner				4. DATE OF DEATH Month October Day 10 Year 1959				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 27, 1898		
9. AGE (In years last birthday) 61 yrs.		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 24 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cannery Opr.			10b. KIND OF BUSINESS OR INDUSTRY Food Pro.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert N. Faulkner				14. MOTHER'S MAIDEN NAME Nora Taylor				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WWI				16. SOCIAL SECURITY NO. unknown		INFORMANT Address Hospital Records		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastric hemorrhage. 581.0 DUE TO Oesophageal varicies. Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause last. } DUE TO Cirrhosis of the liver. (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. _____ p. m. _____ 19 _____			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at 3:20 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____								
ACTUAL SIGNATURE E. C. H. Schmidt M.D.								
PHYSICIAN'S NAME (Type) E. C. H. Schmidt, 219 S. Washington Street, Easton, Md.				12/1/59				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10/13/59		22c. NAME OF CEMETERY OR CREMATORY Tilgh. Meth.		22d. LOCATION (City, town, or county) (State) Tilghman, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE W. Frampton Carroll, Easton, Md.				24a. REC'D BY REGISTRAR DATE DEC 9 '59		24b. REGISTRAR'S SIGNATURE <i>Robert S. Krasner</i>		

TO HOSPITAL OR FUNERAL PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1955

1-100

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12993

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Maryland</i> b. COUNTY <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Memorial Hospital</i>		d. STREET ADDRESS <i>211 N Fourth ST</i>	
3. NAME OF DECEASED (Type or print) First <i>Baby</i> Middle <i>Boy</i> Last <i>Friend (A)</i>		4. DATE OF DEATH Month <i>October</i> Day <i>12</i> Year <i>1959</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 12, 1959</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Donald Charles Friend</i>		14. MOTHER'S MAIDEN NAME <i>Joyce Taylor</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>(If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mother</i> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>776x Prematurity</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>776x</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs 40 min</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year <i>19</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>10/12</i> , 19 <i>59</i> to <i>10/12</i> , 19 <i>59</i> , that I last saw the deceased alive on <i>10/12/59</i> , 19 <i>59</i> , and that death occurred at <i>9:30 P</i> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>[Signature]</i> M.D.		ADDRESS (Street, city or town, state) <i>Easton Md</i> DATE SIGNED <i>11/7/59</i>	
PHYSICIAN'S NAME (Type) <i>P F Cox</i>		<i>Easton - Md</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Oct. 13, 1959</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Springgrove</i>	22d. LOCATION (City, town, or county) (State) <i>Denton, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <i>Denton</i>		24a. REC'D BY REGISTRAR DATE <i>NOV 16 '59</i>	24b. REGISTRAR'S SIGNATURE <i>[Signature]</i>

2180193XVI

TO ORDER: 1. The Board of Directors shall have the authority to make any and all amendments to the Charter of the Corporation, subject to the approval of the stockholders.

CERTIFICATE OF DEATH

Reg. Dist. No.

11855

1. PLACE OF DEATH o. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memorial Hospital				d. STREET ADDRESS 211 N. Fourth ST			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Baby Boy Friend (B)				4. DATE OF DEATH October 12 1959			
5. SEX M		6. COLOR OR RACE C		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 12, 1959	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None			
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Donald Charles Friend				14. MOTHER'S MAIDEN NAME Joyce Taylor			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Mother	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity 776x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 59 min			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 10/12 , 19 59 , to 10/12 , 19 59 , that I last saw the deceased alive on 10/12/59 , 19 59 , and that death occurred at 7 P M, from the causes and on the date stated above.							
ACTUAL SIGNATURE P. F. Cox				ADDRESS (Street, city or town, state) Easton, Md			
PHYSICIAN'S NAME (Type) P. F. Cox				DATE SIGNED 11/7/59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct 13, 1959		22c. NAME OF CEMETERY OR CREMATORY Springgrove		22d. LOCATION (City, town, or county) (State) Denton, Ind.	
23. FUNERAL DIRECTOR'S SIGNATURE J. Virgil Moore				ADDRESS 2280194XUO		24a. REC'D BY REGISTRAR DATE NOV 16 '59	
				24b. REGISTRAR'S SIGNATURE Arthur E. Hanna			

MEDICAL CERTIFICATION

2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1922

State of Maryland

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death		6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician		11. Signature of Registrar		12. Signature of Coroner	
John Doe		Male		45		Jan 1, 1877		Jan 15, 1922		New York City		Baltimore, Md.		Heart Disease		Natural		[Signature]		[Signature]		[Signature]	
13. Name of Informant		14. Relationship		15. Address		16. City		17. State		18. County		19. District		20. Precinct		21. Ward		22. Block		23. Lot		24. Sublot	
Jane Doe		Wife		123 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
25. Name of Informant		26. Relationship		27. Address		28. City		29. State		30. County		31. District		32. Precinct		33. Ward		34. Block		35. Lot		36. Sublot	
John Doe		Son		456 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
27. Name of Informant		28. Relationship		29. Address		30. City		31. State		32. County		33. District		34. Precinct		35. Ward		36. Block		37. Lot		38. Sublot	
Jane Doe		Daughter		789 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
29. Name of Informant		30. Relationship		31. Address		32. City		33. State		34. County		35. District		36. Precinct		37. Ward		38. Block		39. Lot		40. Sublot	
John Doe		Son		101 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
31. Name of Informant		32. Relationship		33. Address		34. City		35. State		36. County		37. District		38. Precinct		39. Ward		40. Block		41. Lot		42. Sublot	
Jane Doe		Daughter		202 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
33. Name of Informant		34. Relationship		35. Address		36. City		37. State		38. County		39. District		40. Precinct		41. Ward		42. Block		43. Lot		44. Sublot	
John Doe		Son		303 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
35. Name of Informant		36. Relationship		37. Address		38. City		39. State		40. County		41. District		42. Precinct		43. Ward		44. Block		45. Lot		46. Sublot	
Jane Doe		Daughter		404 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
37. Name of Informant		38. Relationship		39. Address		40. City		41. State		42. County		43. District		44. Precinct		45. Ward		46. Block		47. Lot		48. Sublot	
John Doe		Son		505 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
39. Name of Informant		40. Relationship		41. Address		42. City		43. State		44. County		45. District		46. Precinct		47. Ward		48. Block		49. Lot		50. Sublot	
Jane Doe		Daughter		606 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
41. Name of Informant		42. Relationship		43. Address		44. City		45. State		46. County		47. District		48. Precinct		49. Ward		50. Block		51. Lot		52. Sublot	
John Doe		Son		707 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
43. Name of Informant		44. Relationship		45. Address		46. City		47. State		48. County		49. District		50. Precinct		51. Ward		52. Block		53. Lot		54. Sublot	
Jane Doe		Daughter		808 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
45. Name of Informant		46. Relationship		47. Address		48. City		49. State		50. County		51. District		52. Precinct		53. Ward		54. Block		55. Lot		56. Sublot	
John Doe		Son		909 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
47. Name of Informant		48. Relationship		49. Address		50. City		51. State		52. County		53. District		54. Precinct		55. Ward		56. Block		57. Lot		58. Sublot	
Jane Doe		Daughter		1010 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
49. Name of Informant		50. Relationship		51. Address		52. City		53. State		54. County		55. District		56. Precinct		57. Ward		58. Block		59. Lot		60. Sublot	
John Doe		Son		1111 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
51. Name of Informant		52. Relationship		53. Address		54. City		55. State		56. County		57. District		58. Precinct		59. Ward		60. Block		61. Lot		62. Sublot	
Jane Doe		Daughter		1212 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
53. Name of Informant		54. Relationship		55. Address		56. City		57. State		58. County		59. District		60. Precinct		61. Ward		62. Block		63. Lot		64. Sublot	
John Doe		Son		1313 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
55. Name of Informant		56. Relationship		57. Address		58. City		59. State		60. County		61. District		62. Precinct		63. Ward		64. Block		65. Lot		66. Sublot	
Jane Doe		Daughter		1414 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
57. Name of Informant		58. Relationship		59. Address		60. City		61. State		62. County		63. District		64. Precinct		65. Ward		66. Block		67. Lot		68. Sublot	
John Doe		Son		1515 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
59. Name of Informant		60. Relationship		61. Address		62. City		63. State		64. County		65. District		66. Precinct		67. Ward		68. Block		69. Lot		70. Sublot	
Jane Doe		Daughter		1616 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
61. Name of Informant		62. Relationship		63. Address		64. City		65. State		66. County		67. District		68. Precinct		69. Ward		70. Block		71. Lot		72. Sublot	
John Doe		Son		1717 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
63. Name of Informant		64. Relationship		65. Address		66. City		67. State		68. County		69. District		70. Precinct		71. Ward		72. Block		73. Lot		74. Sublot	
Jane Doe		Daughter		1818 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
65. Name of Informant		66. Relationship		67. Address		68. City		69. State		70. County		71. District		72. Precinct		73. Ward		74. Block		75. Lot		76. Sublot	
John Doe		Son		1919 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
67. Name of Informant		68. Relationship		69. Address		70. City		71. State		72. County		73. District		74. Precinct		75. Ward		76. Block		77. Lot		78. Sublot	
Jane Doe		Daughter		2020 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
69. Name of Informant		70. Relationship		71. Address		72. City		73. State		74. County		75. District		76. Precinct		77. Ward		78. Block		79. Lot		80. Sublot	
John Doe		Son		2121 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
71. Name of Informant		72. Relationship		73. Address		74. City		75. State		76. County		77. District		78. Precinct		79. Ward		80. Block		81. Lot		82. Sublot	
Jane Doe		Daughter		2222 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
73. Name of Informant		74. Relationship		75. Address		76. City		77. State		78. County		79. District		80. Precinct		81. Ward		82. Block		83. Lot		84. Sublot	
John Doe		Son		2323 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
75. Name of Informant		76. Relationship		77. Address		78. City		79. State		80. County		81. District		82. Precinct		83. Ward		84. Block		85. Lot		86. Sublot	
Jane Doe		Daughter		2424 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
77. Name of Informant		78. Relationship		79. Address		80. City		81. State		82. County		83. District		84. Precinct		85. Ward		86. Block		87. Lot		88. Sublot	
John Doe		Son		2525 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
79. Name of Informant		80. Relationship		81. Address		82. City		83. State		84. County		85. District		86. Precinct		87. Ward		88. Block		89. Lot		90. Sublot	
Jane Doe		Daughter		2626 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
81. Name of Informant		82. Relationship		83. Address		84. City		85. State		86. County		87. District		88. Precinct		89. Ward		90. Block		91. Lot		92. Sublot	
John Doe		Son		2727 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
83. Name of Informant		84. Relationship		85. Address		86. City		87. State		88. County		89. District		90. Precinct		91. Ward		92. Block		93. Lot		94. Sublot	
Jane Doe		Daughter		2828 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
85. Name of Informant		86. Relationship		87. Address		88. City		89. State		90. County		91. District		92. Precinct		93. Ward		94. Block		95. Lot		96. Sublot	
John Doe		Son		2929 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
87. Name of Informant		88. Relationship		89. Address		90. City		91. State		92. County		93. District		94. Precinct		95. Ward		96. Block		97. Lot		98. Sublot	
Jane Doe		Daughter		3030 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
89. Name of Informant		90. Relationship		91. Address		92. City		93. State		94. County		95. District		96. Precinct		97. Ward		98. Block		99. Lot		100. Sublot	
John Doe		Son		3131 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
91. Name of Informant		92. Relationship		93. Address		94. City		95. State		96. County		97. District		98. Precinct		99. Ward		100. Block		101. Lot		102. Sublot	
Jane Doe		Daughter		3232 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
93. Name of Informant		94. Relationship		95. Address		96. City		97. State		98. County		99. District		100. Precinct		101. Ward		102. Block		103. Lot		104. Sublot	
John Doe		Son		3333 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
95. Name of Informant		96. Relationship		97. Address		98. City		99. State		100. County		101. District		102. Precinct		103. Ward		104. Block		105. Lot		106. Sublot	
Jane Doe		Daughter		3434 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
97. Name of Informant		98. Relationship		99. Address		100. City		101. State		102. County		103. District		104. Precinct		105. Ward		106. Block		107. Lot		108. Sublot	
John Doe		Son		3535 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
99. Name of Informant		100. Relationship		101. Address		102. City		103. State		104. County		105. District		106. Precinct		107. Ward		108. Block		109. Lot		110. Sublot	
Jane Doe		Daughter		3636 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
101. Name of Informant		102. Relationship		103. Address		104. City		105. State		106. County		107. District		108. Precinct		109. Ward		110. Block		111. Lot		112. Sublot	
John Doe		Son		3737 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
103. Name of Informant		104. Relationship		105. Address		106. City		107. State		108. County		109. District		110. Precinct		111. Ward		112. Block		113. Lot		114. Sublot	
Jane Doe		Daughter		3838 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
105. Name of Informant		106. Relationship		107. Address		108. City		109. State		110. County		111. District		112. Precinct		113. Ward		114. Block		115. Lot		116. Sublot	
John Doe		Son		3939 Main St		Baltimore		Md.		Baltimore		1st		1st		1st		1st		1st		1st	
107. Name of Informant		108. Relationship		109. Address		110. City		111. State		112. County		113. District		114. Precinct		115. Ward		116. Block		117. Lot</			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the general director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11868 CERTIFICATE OF DEATH

11840

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Oak		c. LENGTH OF STAY IN 1b life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Thornton Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELIZABETH PETERS HALL		4. DATE OF DEATH October 25, 19 59	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1888
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Charles W. Peters		14. MOTHER'S MAIDEN NAME Sally Kelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 21Q-07-9627	17. INFORMANT Mrs. Dade Davis Address Woodbine, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder 155.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) chronic tuberculous - healed			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from July , 19 59 , to 25 October , 19 59 , that I last saw the deceased alive on 24 October , 19 59 , and that death occurred at 2:50 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE K. Lane Wroth M.D.		ADDRESS (Street, city or town, state) 51-116-26-59 DATE SIGNED 10-26-59	
PHYSICIAN'S NAME (Type) Dr. R. Lane Wroth		St. Michaels, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Oct. 27, 1959	22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery	22d. LOCATION (City, town, or county) (State) Easton, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son		ADDRESS Easton, Maryland	
24a. REC'D BY REGISTRAR DATE OCT 30 '59		24b. REGISTRAR'S SIGNATURE C. L. Lane	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11841

11856

Item 9 Film G252 12-1-59 et

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON	c. LENGTH OF STAY IN 1b 23 hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Easton Memorial Hospital		d. STREET ADDRESS "Radcliffe Manor"	e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Helen Middle Harding Last Harding		4. DATE OF DEATH Month 10 Day 20 Year 1959	
5. SEX Fe	6. COLOR OR RACE Blk	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1910
9. AGE (In years last birthday) 49 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Palmer	
14. MOTHER'S MAIDEN NAME Artie Wilmer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Clarence Harding, husband. - same	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GSW head 976X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 23 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 10-19 19 59 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	20f. (City or town) (County) (State) W. Easton Talbot Md
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> . Inspection <input type="checkbox"/> . Inquiry <input type="checkbox"/> . and in my opinion death resulted from: Natural causes <input type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input checked="" type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined monner <input type="checkbox"/>			
ACTUAL SIGNATURE Louis M. M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) INELTY		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 10-21-59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 10/24/59	22c. NAME OF CEMETERY OR CREMATORY Richards Cem.	22d. LOCATION (City, town, or county) (State) Easton Md.
23. FUNERAL DIRECTOR'S SIGNATURE James B. Dashiell Easton md		24a. REC'D BY REGISTRAR DATE NOV 2 '59	24b. REGISTRAR'S SIGNATURE C. L. F. F.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1940

1940

1. Name of deceased: John Doe

2. Sex: Male

3. Age: 45

4. Date of death: Jan 15, 1940

5. Place of death: Home

6. Cause of death: Heart failure

7. Manner of death: Natural

8. Signature of medical examiner: [Signature]

9. Date of certification: Jan 16, 1940

10. Name of physician: Dr. J. Smith

11. Name of hospital: St. Mary's Hospital

12. Name of funeral home: John Doe & Co.

13. Name of undertaker: John Doe & Co.

14. Name of cemetery: Greenwood Cemetery

15. Name of burial place: Greenwood Cemetery

16. Name of interment: Greenwood Cemetery

17. Name of cremation: Greenwood Cemetery

18. Name of other disposition: Greenwood Cemetery

19. Name of other disposition: Greenwood Cemetery

20. Name of other disposition: Greenwood Cemetery

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11857

CERTIFICATE OF DEATH

11842

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Telbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. LENGTH OF STAY IN 1b <u>4 days</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>High Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>Virginia</u> Last <u>Holmes</u>		4. DATE OF DEATH Month <u>October</u> Day <u>2</u> Year <u>19 59</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 5, 1921</u>
9. AGE (In years last birthday) <u>38 yrs.</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Ollie</u>		14. MOTHER'S MAIDEN NAME <u>Cora Flamer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs. Addison Stanford (Mother)</u>		Address <u>Denton, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Alcoholic encephalopathy</u> <u>322.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Alcoholic peripheral neuritis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>9-29</u> , 19 <u>59</u> , to <u>10-2</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>59</u> , and that death occurred at <u>7:50 P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE <u>Robert W. Trever</u>		M.D. <u>202 Dover St.</u> <u>10-3-59</u>	
PHYSICIAN'S NAME (Type) <u>Robert W. Trever</u>		<u>Easton, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>Oct. 5, 1959</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Spring Grove Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Denton, Maryland</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Truitt</u>		ADDRESS <u>Don Federalburg Md.</u>	
24a. REC'D BY REGISTRAR <u>Oct 8 59</u>		DATE <u>Oct 8 59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur A. [illegible]</u>			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11843

CERTIFICATE OF DEATH

11869

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Royal Oak				c. LENGTH OF STAY IN 1b 2 yrs			
d. NAME OF HOSPITAL (If not in hospital, give street address) Edge Plain Farm				/d. STREET ADDRESS Edge Plain Farm			
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First JOHN Middle NELSON Last MACGOWAN				4. DATE OF DEATH Month October Day 4 Year 19 59			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1897		9. AGE (In years last birthday) 62 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President American Export Lines				10b. KIND OF BUSINESS OR INDUSTRY Canada		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John MacGowan				14. MOTHER'S MAIDEN NAME Clara Settle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W.1 106-18-1340		17. INFORMANT Mrs. John N. MacGowan		Address Royal Oak, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Heart Disease 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 1-2 hr. 2-3 yr. 2-3 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) none				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	
20f. (City or town) none				20g. (County) none		20h. (State) none	
21. I certify that I attended the deceased from 2-21 , 19 58 to 10-4 , 19 59 , that I last saw the deceased alive on 10-2 , 19 59 , and that death occurred at 1:00 PM from the causes and on the date stated above.							
ACTUAL SIGNATURE William L. Winters M.D.				ADDRESS (Street, city or town, state) Easton, Md.			
PHYSICIAN'S NAME (Type) Dr. Wm L. Winters				DATE SIGNED 10/6/59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 7, 1959		22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery		22d. LOCATION (City, town, or county) (State) Easton, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son				ADDRESS Easton, Md.		24a. REC'D BY REGISTRAR ACT 8 '59	
				24b. REGISTRAR'S SIGNATURE Arthur R. Kline			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 of 4.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

6.2411

11858

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. LENGTH OF STAY IN 1b 8 days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Easton Memorial				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Fred Middle R. Last McNeal				4. DATE OF DEATH Month October Day 9 Year 19 59			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1889	
9. AGE (In years last birthday) 69 yrs.		10. IF UNDER 1 YEAR Months 6 Days 10 Hours 10 Min.		11. IF UNDER 24 HRS. Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Md.S.R. Commission		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Rufus McNeal				14. MOTHER'S MAIDEN NAME Anne McCracklin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. unknown			
17. INFORMANT Wife, Waston, Md.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ascending Cholangitis 584X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) Cholelithiasis DUE TO (c) Septicemia				INTERVAL BETWEEN ONSET AND DEATH 10 days. 4 wks. 10 days.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 10-1- 19 59 , to 10-9- 19 59 , that I last saw the deceased alive on 10-9- 19 59 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Donald F. Bartley M.D.				ADDRESS (Street, city or town, state) 9 N. HANSON ST. DATE SIGNED			
PHYSICIAN'S NAME (Type) Donald F. Bartley, 9 N. Hanson St., Easton, Maryland				12/1/59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial				22b. DATE THEREOF 10/12/59			
22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery				22d. LOCATION (City, town, or county) (State) Easton, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE W. Frampton Carroll, Easton, Maryland				ADDRESS			
24a. REC'D BY REGISTRAR DATE DEC 7 '59				24b. REGISTRAR'S SIGNATURE Arthur L. Hines			

TO HOSPITAL OR FUNERAL PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. Name of deceased
2. Date of death
3. Place of death
4. Cause of death
5. Signature of medical officer
6. Signature of registrar
7. Signature of informant
8. Name of informant
9. Address of informant
10. Date of registration
11. Registrar's signature
12. Registrar's name
13. Registrar's address
14. Registrar's telephone number
15. Registrar's fax number
16. Registrar's e-mail address
17. Registrar's website
18. Registrar's contact details
19. Registrar's office hours
20. Registrar's contact person
21. Registrar's contact number
22. Registrar's contact email
23. Registrar's contact website
24. Registrar's contact details
25. Registrar's office hours
26. Registrar's contact person
27. Registrar's contact number
28. Registrar's contact email
29. Registrar's contact website
30. Registrar's contact details



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE, 18

11859

CERTIFICATE OF DEATH

11844

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) o. STATE <i>Maryland</i> b. COUNTY <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Marydel</i> 05x-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Memorial Hospital</i>		d. STREET ADDRESS <i>None</i>	
3. NAME OF DECEASED (Type or print) First <i>Steven</i> Middle <i>Podimak</i> Last <i>Podimak</i>		4. DATE OF DEATH Month <i>October</i> Day <i>13</i> Year <i>1959</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>January 10, 1924</i>
9. AGE (In years last birthday) <i>75</i> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Factory Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Czechoslovakia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>No Record</i>		14. MOTHER'S MAIDEN NAME <i>No Record</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>113-03-0403A</i>	
17. INFORMANT Address <i>Anna Radimak Marydel, Maryland</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Tuberculosis</i> DUE TO <i>for advanced</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>(?)</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>12 Oct</i> , 19 <i>59</i> , to <i>13 Oct</i> , 19 <i>59</i> , that I last saw the deceased alive on <i>13 Oct</i> , 19 <i>59</i> , and that death occurred at <i>6:30 PM</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Thorston Harrison</i> M.D.		ADDRESS (Street, city or town, state) <i>Chilton Maryland</i> DATE SIGNED <i>12 Oct 59</i>	
PHYSICIAN'S NAME (Type) <i>THORSTON HARRISON</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <i>10-17-59</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Greensboro</i>	22d. LOCATION (City, town, or county) (State) <i>Greensboro, Maryland</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Boulsis</i> ADDRESS <i>Greensboro Md.</i>		24a. REC'D BY REGISTRAR DATE <i>OCT 19 59</i>	24b. REGISTRAR'S SIGNATURE <i>Chilton E. Hanks</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11860

CERTIFICATE OF DEATH

11845

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. LENGTH OF STAY IN TB <u>4 days</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Memorial Hospital</u>		d. STREET ADDRESS <u>Claborne</u>	
3. NAME OF DECEASED (Type or print) <u>William J. Ruhl</u>		4. DATE OF DEATH <u>October 18 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 13 1906</u>
9. AGE (In years last birthday) <u>53</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William J. Ruhl Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Emma L. Faulkner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs. Eleanor D. Ruhl</u>		Address <u>Same as #2</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic obstructive pulmonary emphysema</u> DUE TO <u>526X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Pneumonia - left lung</u> DUE TO (c) <u>51px.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary atherosclerosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>10 Oct 1959</u> to <u>19 Oct 1959</u> , that I last saw the deceased alive on <u>18 Oct 1959</u> , and that death occurred at <u>3:50 A</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Thurston Harrison</u> M.D.		ADDRESS (Street, city or town, state) <u>Chesapeake Bay land</u> DATE SIGNED <u>19 Oct 59</u>	
PHYSICIAN'S NAME (Type) <u>THURSTON HARRISON</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>22 Oct. '59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Glen Haven Mem. Pk.</u>		22d. LOCATION (City, town, or county) (State) <u>Glen Burnie, Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>R. V. Smyth</u> ADDRESS <u>Glen Burnie, Md</u>		24a. REC'D BY REGISTRAR <u>DATE OCT 22 '59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur L. Kraw</u>			

CERTIFICATE OF DEATH

11846

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels,		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS Chew Avenue	
3. NAME OF DECEASED (Type or print) First DANIEL Middle ERNEST Last SHOCKLEY		4. DATE OF DEATH Month October Day 10, Year 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1877
9. AGE (In years last birthday) 82 yrs.		IF UNDER 1 YEAR: Months 82 Days 82 Hours 82 Min. 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood	
11. BIRTHPLACE (State or foreign country) St. Michaels, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Shockley		14. MOTHER'S MAIDEN NAME Mary A. Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Susie Caulk, St. Michaels, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Same DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Same	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 19 Month, Day, Year	20d. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 10 Oct , 19 59 , to 10 Oct , 19 59 , that I last saw the deceased alive on 10 Oct , 19 59 , and that death occurred at 7:20 P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Box 487, St. Michaels, Md. DATE SIGNED 10/13/59			
ACTUAL SIGNATURE R. Hamilton Harrison M.D.		PHYSICIAN'S NAME (Type) R. Hamilton Harrison	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Oct 13, 1959	22c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	22d. LOCATION (City, town, or county) (State) St. Michaels, Md.
23. FUNERAL DIRECTOR'S SIGNATURE R. Hamilton Harrison ADDRESS St. Michaels, Md.		24a. REC'D BY REGISTRAR OCT 19 59	24b. REGISTRAR'S SIGNATURE Arthur S. Hays

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. No. 100

11878

DATE OF DEATH

11878

REPORTED BY

11878

St. Michaels

Life

Oliver Avenue

BROOKLYN

SHREVE

DAVID

DATE OF BIRTH

October 10, 1878

June 25, 1878

Male

Male

USA

St. Michaels, Md.

St. Michaels

St. Michaels

Mr. A. Jones

David Jones

Mr. David Jones, St. Michaels, Md.

None

None

St. Michaels, Md.

Oliver Avenue

June 19, 1939

11861

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Dorchester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock, Md</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Charles Esske Spry</u>				4. DATE OF DEATH <u>October 17 1959</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 11 1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Winfield Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Betty Spry</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Betty Spry, Hurlock, Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary dilatation</u> <u>292.6</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) <u>suble cell anemia</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2: A</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>2195 Washington St Dorchester</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>				DATE SIGNED <u>Oct 16 1959</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct. 20, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Petersburg Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Near Hurlock, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>H. Hampton & Son</u>				ADDRESS <u>Federalburg Md</u>		24a. REC'D BY REGISTRAR <u>OCT 20 1959</u>	
				24b. REGISTRAR'S SIGNATURE <u>Carlton S. Kline</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE, 18

11848

11871

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Talbot	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural - St. Michaels		c. LENGTH OF STAY IN 1b 4 mos	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ---		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANCES Middle CLARA Last SPURRY		4. DATE OF DEATH Month October Day 7 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1959
9. AGE (In years last birthday) -- yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 3 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----		10b. KIND OF BUSINESS OR INDUSTRY ----	
11. BIRTHPLACE (State or foreign country) Easton, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James B. Spurry		14. MOTHER'S MAIDEN NAME Kitty Chaplin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ----	
17. INFORMANT Mrs. James B. Spurry, St. Michaels, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7545 Congenital heart disease 1. Aortic stenosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 2. Aplasia ventricular septum. (c) 		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. 		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred on _____ M, from the causes and on the date stated above.			
ACTUAL SIGNATURE E. C. H. Schmidt		DATE SIGNED 2195 Washington St 70159	
PHYSICIAN'S NAME (Type) E. C. H. Schmidt		ADDRESS (Street, city or town, state) Easton 16, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Oct 8, 1959	22c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	22d. LOCATION (City, town, or county) (State) St. Michaels, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE L. Hamilton Harrison St. Michaels		ADDRESS MD	
24a. REC'D BY REGISTRAR OCT 9 '59		24b. REGISTRAR'S SIGNATURE Carroll & Fries	

2080366XVG

CERTIFICATE OF DEATH

11821

Deceased Name: **James H. Gentry**

Sex: **Male**

Age: **40**

Place of Birth: **St. Michaels, Md.**

Residence: **St. Michaels, Md.**

Date of Death: **October 7, 1952**

Time of Death: **10:00 A.M.**

Place of Death: **St. Michaels, Md.**

Cause of Death: **Heart Disease**

Occupation: **Farmer**

Marital Status: **Married**

Education: **High School**

Religion: **Catholic**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

Signature: **James H. Gentry**

11872

CERTIFICATE OF DEATH

Reg. Dist. No.

11849

1. PLACE OF DEATH o. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY QUEEN ANNE			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST. MICHAELS				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RIO VISTA				d. STREET ADDRESS CENTREVILLE 17X-2			
3. NAME OF DECEASED (Type or print) First CORA Middle ADELE Last STACK				4. DATE OF DEATH Month Oct. Day 21 Year 19 59			
5. SEX FEM.	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 14 - 1879	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RED CROSS EXECUTIVE				10b. KIND OF BUSINESS OR INDUSTRY MARYLAND		11. BIRTHPLACE (State or foreign country) USA	
13. FATHER'S NAME JOSEPH STACK				14. MOTHER'S MAIDEN NAME LYDA WILLIAMS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
				17. INFORMANT THAROLD DAVIS - CENTREVILLE			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO Arteriosclerotic Cardiovascular Dis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 3 yrs DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 17 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatoid Arthritis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from August 19 57 to 31 October 19 57 , that I last saw the deceased alive on 21 October 19 59 , and that death occurred at 10:40 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE R. Kneelworth				ADDRESS (Street, city or town, state) Box 482, St. Michaels, Md			
DATE SIGNED 10-22-59							
PHYSICIAN'S NAME (Type) WROTH							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
BURIAL		OCT. 24		CHESTERFIELD		CENTREVILLE MD	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar D. Kane				ADDRESS Church Hill, Ind.		24a. REC'D BY REGISTRAR DATE OCT 28 '59	
				24b. REGISTRAR'S SIGNATURE Arthur S. Kane			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11862

CERTIFICATE OF DEATH

Reg. Dist. No. 11850

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 EASTON</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EASTON MEMORIAL</u>		d. STREET ADDRESS <u>105 S. WASHINGTON ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNE F STEAD</u>		4. DATE OF DEATH Month Day Year <u>OCTOBER 19 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEBRUARY 17 1880</u>
9. AGE (In years last birthday) <u>73</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>WASHINGTON D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>EDMUND GOLDSBOROUGH</u>		14. MOTHER'S MAIDEN NAME <u>MARY COYLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>—</u>		Address <u>—</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary congestion & edema</u> <u>587.2</u> DUE TO <u>Toxemia</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Renovative syst.</u> DUE TO (c) <u>—</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>October 17, 1959</u> , to <u>October 19, 1959</u> , that I last saw the deceased alive on <u>October 19, 1959</u> , and that death occurred at <u>105 S. Washington St. Easton, Md.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.		DATE SIGNED <u>219 S. Washington St. Easton, Md. 10/21/59</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>Easton, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct. 21, 59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur S. Hana</u> ADDRESS <u>Easton, Maryland</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 21 '59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hana</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11863

CERTIFICATE OF DEATH

Reg. Dist. No. 11851

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Trappe</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Easton Memorial Hosp.</u>		d. STREET ADDRESS <u>1</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Girl</u> Last <u>Stevens</u>		4. DATE OF DEATH Month <u>10</u> Day <u>2</u> Year <u>1959</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 2 1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) yrs. <u>1</u> Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min. <u>2</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>James Everett Stevens</u>		14. MOTHER'S MAIDEN NAME <u>Anna Mae Crosby</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Anna Mae Stevens, mother - Trappe, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> 776X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>1 lb + 10 oz</u> DUE TO (c) <u>1 lb + 10 oz</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct 2</u> , 19 <u>59</u> , to <u>Oct 2</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Oct 2</u> , 19 <u>59</u> , and that death occurred at <u>9 A</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Barbara Williams MD</u>		ADDRESS (Street, city or town, state) <u>205 Earle Ave Easton Md</u> DATE SIGNED <u>10/7/59</u>	
PHYSICIAN'S NAME (Type) <u>Barbara Williams</u>		M.D. <u>205 Earle Ave, Easton, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>10/6/59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Hospital</u>	22d. LOCATION (City, town, or county) (State) <u>Easton Md -</u>
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
DATE <u>OCT 8 '59</u>		<u>Edith E. K...</u>	

2080201XUO

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. RACE		5. DATE OF BIRTH		6. PLACE OF BIRTH	
7. DATE OF DEATH		8. TIME OF DEATH		9. PLACE OF DEATH	
10. CAUSE OF DEATH		11. MANNER OF DEATH		12. SIGNATURE OF PHYSICIAN	
13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF CORONER	
16. SIGNATURE OF JUDGE		17. SIGNATURE OF CLERK		18. SIGNATURE OF SHERIFF	
19. SIGNATURE OF DEPUTY SHERIFF		20. SIGNATURE OF CONSTABLE		21. SIGNATURE OF JURY	
22. SIGNATURE OF JURY		23. SIGNATURE OF JURY		24. SIGNATURE OF JURY	
25. SIGNATURE OF JURY		26. SIGNATURE OF JURY		27. SIGNATURE OF JURY	
28. SIGNATURE OF JURY		29. SIGNATURE OF JURY		30. SIGNATURE OF JURY	
31. SIGNATURE OF JURY		32. SIGNATURE OF JURY		33. SIGNATURE OF JURY	
34. SIGNATURE OF JURY		35. SIGNATURE OF JURY		36. SIGNATURE OF JURY	
37. SIGNATURE OF JURY		38. SIGNATURE OF JURY		39. SIGNATURE OF JURY	
40. SIGNATURE OF JURY		41. SIGNATURE OF JURY		42. SIGNATURE OF JURY	
43. SIGNATURE OF JURY		44. SIGNATURE OF JURY		45. SIGNATURE OF JURY	
46. SIGNATURE OF JURY		47. SIGNATURE OF JURY		48. SIGNATURE OF JURY	
49. SIGNATURE OF JURY		50. SIGNATURE OF JURY		51. SIGNATURE OF JURY	
52. SIGNATURE OF JURY		53. SIGNATURE OF JURY		54. SIGNATURE OF JURY	
55. SIGNATURE OF JURY		56. SIGNATURE OF JURY		57. SIGNATURE OF JURY	
58. SIGNATURE OF JURY		59. SIGNATURE OF JURY		60. SIGNATURE OF JURY	
61. SIGNATURE OF JURY		62. SIGNATURE OF JURY		63. SIGNATURE OF JURY	
64. SIGNATURE OF JURY		65. SIGNATURE OF JURY		66. SIGNATURE OF JURY	
67. SIGNATURE OF JURY		68. SIGNATURE OF JURY		69. SIGNATURE OF JURY	
70. SIGNATURE OF JURY		71. SIGNATURE OF JURY		72. SIGNATURE OF JURY	
73. SIGNATURE OF JURY		74. SIGNATURE OF JURY		75. SIGNATURE OF JURY	
76. SIGNATURE OF JURY		77. SIGNATURE OF JURY		78. SIGNATURE OF JURY	
79. SIGNATURE OF JURY		80. SIGNATURE OF JURY		81. SIGNATURE OF JURY	
82. SIGNATURE OF JURY		83. SIGNATURE OF JURY		84. SIGNATURE OF JURY	
85. SIGNATURE OF JURY		86. SIGNATURE OF JURY		87. SIGNATURE OF JURY	
88. SIGNATURE OF JURY		89. SIGNATURE OF JURY		90. SIGNATURE OF JURY	
91. SIGNATURE OF JURY		92. SIGNATURE OF JURY		93. SIGNATURE OF JURY	
94. SIGNATURE OF JURY		95. SIGNATURE OF JURY		96. SIGNATURE OF JURY	
97. SIGNATURE OF JURY		98. SIGNATURE OF JURY		99. SIGNATURE OF JURY	
100. SIGNATURE OF JURY		101. SIGNATURE OF JURY		102. SIGNATURE OF JURY	

1

1. NAME OF DECEASED
2. SEX
3. AGE
4. RACE
5. DATE OF BIRTH
6. PLACE OF BIRTH
7. DATE OF DEATH
8. TIME OF DEATH
9. PLACE OF DEATH
10. CAUSE OF DEATH
11. MANNER OF DEATH
12. SIGNATURE OF PHYSICIAN
13. SIGNATURE OF REGISTRAR
14. SIGNATURE OF WITNESSES
15. SIGNATURE OF CORONER
16. SIGNATURE OF JUDGE
17. SIGNATURE OF CLERK
18. SIGNATURE OF SHERIFF
19. SIGNATURE OF DEPUTY SHERIFF
20. SIGNATURE OF CONSTABLE
21. SIGNATURE OF JURY
22. SIGNATURE OF JURY
23. SIGNATURE OF JURY
24. SIGNATURE OF JURY
25. SIGNATURE OF JURY
26. SIGNATURE OF JURY
27. SIGNATURE OF JURY
28. SIGNATURE OF JURY
29. SIGNATURE OF JURY
30. SIGNATURE OF JURY
31. SIGNATURE OF JURY
32. SIGNATURE OF JURY
33. SIGNATURE OF JURY
34. SIGNATURE OF JURY
35. SIGNATURE OF JURY
36. SIGNATURE OF JURY
37. SIGNATURE OF JURY
38. SIGNATURE OF JURY
39. SIGNATURE OF JURY
40. SIGNATURE OF JURY
41. SIGNATURE OF JURY
42. SIGNATURE OF JURY
43. SIGNATURE OF JURY
44. SIGNATURE OF JURY
45. SIGNATURE OF JURY
46. SIGNATURE OF JURY
47. SIGNATURE OF JURY
48. SIGNATURE OF JURY
49. SIGNATURE OF JURY
50. SIGNATURE OF JURY
51. SIGNATURE OF JURY
52. SIGNATURE OF JURY
53. SIGNATURE OF JURY
54. SIGNATURE OF JURY
55. SIGNATURE OF JURY
56. SIGNATURE OF JURY
57. SIGNATURE OF JURY
58. SIGNATURE OF JURY
59. SIGNATURE OF JURY
60. SIGNATURE OF JURY
61. SIGNATURE OF JURY
62. SIGNATURE OF JURY
63. SIGNATURE OF JURY
64. SIGNATURE OF JURY
65. SIGNATURE OF JURY
66. SIGNATURE OF JURY
67. SIGNATURE OF JURY
68. SIGNATURE OF JURY
69. SIGNATURE OF JURY
70. SIGNATURE OF JURY
71. SIGNATURE OF JURY
72. SIGNATURE OF JURY
73. SIGNATURE OF JURY
74. SIGNATURE OF JURY
75. SIGNATURE OF JURY
76. SIGNATURE OF JURY
77. SIGNATURE OF JURY
78. SIGNATURE OF JURY
79. SIGNATURE OF JURY
80. SIGNATURE OF JURY
81. SIGNATURE OF JURY
82. SIGNATURE OF JURY
83. SIGNATURE OF JURY
84. SIGNATURE OF JURY
85. SIGNATURE OF JURY
86. SIGNATURE OF JURY
87. SIGNATURE OF JURY
88. SIGNATURE OF JURY
89. SIGNATURE OF JURY
90. SIGNATURE OF JURY
91. SIGNATURE OF JURY
92. SIGNATURE OF JURY
93. SIGNATURE OF JURY
94. SIGNATURE OF JURY
95. SIGNATURE OF JURY
96. SIGNATURE OF JURY
97. SIGNATURE OF JURY
98. SIGNATURE OF JURY
99. SIGNATURE OF JURY
100. SIGNATURE OF JURY
101. SIGNATURE OF JURY
102. SIGNATURE OF JURY

CERTIFICATE OF DEATH

Reg. Dist. No.

11852

11864

1. PLACE OF DEATH o. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY KENT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON				c. LENGTH OF STAY IN 1b 3 1/2 hrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON MEMORIAL				d. STREET ADDRESS PO. BOX 11			
3. NAME OF DECEASED (Type or print) GEORGE C TAGG				4. DATE OF DEATH OCTOBER 26 1959			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12/20/1887	
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker				10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME WILLIAM S. TAGG				14. MOTHER'S MAIDEN NAME MARY L. BAUBLITZ			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I				16. SOCIAL SECURITY NO. Mrs. Chas. E. Hurley Box 11 Grasonville Md			
17. INFORMANT Mrs. Chas. E. Hurley				Address Box 11 Grasonville Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Cardiac failure - coronary atherosclerotic heart disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (?) (c) (?) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bleeding, chronic duodenal ulcer							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from ply 19 59 , to 26 Oct 19 59 , that I last saw the deceased alive on 26 Oct 19 59 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Maurice E. Newnam M.D.				ADDRESS (Street, city or town, state) Grasonville Md DATE SIGNED 26 Oct 59			
PHYSICIAN'S NAME (Type) THURSTON HARRISON							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10-29-59		22c. NAME OF CEMETERY OR CREMATORY Parkwood		22d. LOCATION (City, town, or county) (State) Balto. Md	
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son ADDRESS Easton, Md				24a. REC'D BY REGISTRAR OCT 27 '59		24b. REGISTRAR'S SIGNATURE Caroline S. Thomas	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. LENGTH OF STAY IN 1b 4 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON Memorial Hosp.		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Oak	
		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) Mary First Tilghman Last		4. DATE OF DEATH Oct Month 7 Day 19 Year 59	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1869
9. AGE (In years last birthday) 90 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Lowery		14. MOTHER'S MAIDEN NAME Louise Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Myrtle Murrell - (great grand daughter) Wash. DC.	
17. INFORMANT Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrolytic imbalance 571.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Persistent diarrhea DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 7:20 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE E. C. H. Schmidt M.D.		DATE SIGNED Oct 13 1959	
PHYSICIAN'S NAME (Type) E. C. H. Schmidt		ADDRESS (Street, city or town, state) Easton 16, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 10/10/59	22c. NAME OF CEMETERY OR CREMATORY Royal Oak Cemetery	22d. LOCATION (City, town, or county) (State) Easton, Md.
23. FUNERAL DIRECTOR'S SIGNATURE James B. Schell ADDRESS Easton, Md.		24a. REC'D BY REGISTRAR DATE Oct 13 59	
		24b. REGISTRAR'S SIGNATURE Arthur S. Frank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Main St.		d. STREET ADDRESS Main St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First FRANK Middle JOHNSON Last TRELEASE		4. DATE OF DEATH Month October Day 2 Year 19 59	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1887
9. AGE (In years last birthday) 72 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) consultant engineer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Trelease		14. MOTHER'S MAIDEN NAME Julia Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Frank J. Trelease		Address Oxford, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary atherosclerosis (c) 104m.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral hyper tension			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 30 , 19 50 , to 2008 , 19 59 , that I last saw the deceased alive on 30 Sept , 19 59 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Easton, Md. DATE SIGNED 6 Oct 59			
ACTUAL SIGNATURE Thurston Harrison M.D.			
PHYSICIAN'S NAME (Type) Dr. Thurston Harrison			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 5, 1959	
22c. NAME OF CEMETERY OR CREMATORY Oxford		22d. LOCATION (City, town, or county) (State) Oxford, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son		ADDRESS Easton, Md.	
24a. REC'D BY REGISTRAR DATE OCT 8 '59		24b. REGISTRAR'S SIGNATURE Arthur L. Harris	

